P. "B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Commissioner for Patents Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax. (571)-273-2880.

INSTRUCTIONS: This appropriate. All further c indicated unless corrector maintenance foe aotificati	form should be used orrespondence including below or directed of ons.	for trans ig the P ierwise	smitting the ISSU atent, advance of in Block I, by (a						
CURRENT CORRESPONDE	ny change of address)	c: A certificate of (s) Transmittal. Th ers. Each additions c its own certificate	mailing is certifi is paper,	can only be used for cate cannot be used for such as an assignment ing or transmission.	r domestic mailings of the or any other accompanying at or formal drawing, mu				
67321	7590 01/15/2008								
BIRCH, STEW 8110 GATEHOU SUITE 100 EAST	IRCH, LLP	l he Stat add tran	Certificate of Mailing or Transmission hereby certify that this Fo(s) Transmittal is being deposited with the Unite States Postal Service with sufficient postage for first class mail in an envelop addressed to the Mail Stor ISSUF FEE address above, or being facsimal transmitted to the USPTO (571) 273-2885, on the date indicated below.						
FALLS CHURCH, VA 22040-0747								(Depusitor's name	
								(Signature	
								(Date	
APPLICATION NO.	APPLICATION NO. FILING DATE			FIRST NAMED INVENTOR	R ATTORNEY DOCKET NO.			CONFIRMATION NO.	
10/733,820	10/733.820 12/12/2003			John Charles Calhoon	John Charles Calhoon 5486-0141PUS1 8835				
TITLE OF INVENTION:	INDUCTIVE BATTE	RY CHA	ARGER						
APPLN. TÝPE	SMALL ENTITY	ISS	UE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO		\$1440	\$300	\$0		\$1740	04/15/2008	
EXAMINER		ART UNIT		CLASS-SUBCLASS		5.			
BERHANU, SAMUEL			2838	320-108000					
					natent front page, li		, Birch.	Stewart,	
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached,			or agents OR alternatively						
Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" i PTO/SB/47; Rev 03-02 or more recent) attached Number is required.				(2) the name of a single registered attorney or a 2 registered patent atto- listed, no name will be	single firm (having as a member a or agent) and the names of up to attorneys or agents. If no name is a lib be printed.				
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)									
PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed forecordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.									
recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filting an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)									
Migrosoft Corporation Redmond, Washington									
Please check the appropriate assignce category or categories (will not be printed on the patent) : 🔲 Individual 婦 Corporation or other private group entity 🚨 Government									
4a. The following fee(s) as	rc submitted:		41	b. Payment of Fee(s): (Plea	ase first reapply a	ny prev	iously paid issue fee	shown above)	
Issue Fee									
					☐ Payment by credit card. Form PTO-2038 is attached. ☐ The Director is hereby authorized to charge the required fec(s), any deficiency, or credit any overpayment, to Deposit Account Number <u>()2-2448</u> (enclose an extra copy of this form).				
Advance Order - #	of Copies Four	(4)		overpayment, to Depo	sit Account Numb	cr_02-	-2448 (enclose a	extra copy of this form).	
5. Change in Entity State	SMALL ENTITY state	ıs. See 3	7 CFR 1.27.	☐ b. Applicant is no lon	ger claiming SMA	LL ENT	'ITY status. Sec 37 CI	R 1.27(g)(2).	
NOTE: The Issue Fee and interest as shown by the re	Publication Fee (if req	uired) w	rill not be accepte at and Trademark	d from anyone other than t	the applicant; a reg	istered a	ttorney or agent; or th	e assignee or other party i	
Authorized Signature	m	- 0/	# 1	47.305			4 2008		
Typed or printed name			arata)	Registration ?				
This collection of informa an application. Confidents submitting the completed this form and/or suggestio Box 1450, Alexandria, Vir Alexandria, Virginia 2231	tion is required by 37 Cality is governed by 35 application form to the ms for reducing this burginia 22313-1450. DO 3-1450.	FR 1.31 U.S.C. USPTO rden, sho NOT S	11. The information of the Information of Informati	on is required to obtain or 1.14. This collection is est depending upon the indivention office COMPLETED FORMS To	retain a benefit by timated to take 12 vidual case. Any co er, U.S. Patent and O THIS ADDRES:	the publiminutes omnients Tradem S. SENI	ic which is to file (and to complete, including s on the amount of tin ark Office, U.S. Depa of TO: Commissioner	by the USPTO to process g gathering, preparing, an ne you require to complet artment of Commerce, P.C. for Patents, P.O. Box 1456	

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.